



# Archbishop of Sydney

2 August 2019

To All Members of Parliament  
New South Wales

Dear Member of Parliament

You shall, I imagine, be receiving many letters with regard to the Reproductive Health Care Reform Bill 2019 that was introduced into the Legislative Assembly yesterday. Therefore, I shall be brief.

While I know and respect some of the sponsors of this Bill, I cannot help but wonder if they are fully aware of the consequences, if this Bill were to be passed. I therefore make the following points.

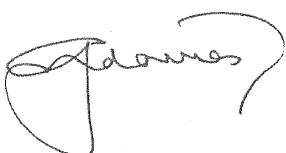
- The Bill allows for an abortion well into the second trimester, namely 5½ months, for no other reason than the mother wants her pregnancy to end, and the life of her unborn child to come to an end. The doctor performing this operation does not even have to ask for a reason; it amounts to ‘abortion on demand’.
- Moreover, there is no obligation in the Bill requiring the medical practitioner to be satisfied that the woman voluntarily consents to have an abortion. Hence there is no legal protection for pregnant women who may be coerced into having an abortion. There is no provision for counselling in the legislation, despite the widespread recognition of its value in matters of life and death.
- The Bill allows for late term abortions – so late, in fact that the termination of a pregnancy the week before an expected birth (if not the day before!) would be legalised. It is disingenuous to claim that this provision is rarely used. It should never have been drafted as a possibility in the first place. Provision for emergency procedures are already captured in clause 6(3).
- By allowing for an abortion up to the end of the third trimester, namely 9 months, all that the two doctors need to consider is ‘that, in all the circumstances, the termination should be performed’, on the basis of the undefined ‘relevant medical circumstances’ and the ‘person’s current and future physical, psychological and social circumstances’. Legislation should not require doctors to determine a patient’s ‘future circumstances’. It is difficult to see how the two doctors could justify not performing the abortion on the basis of this test, other than in circumstances where they consider that the abortion will give rise to a health risk to the mother.
- In paragraph (b) of subclause 6(3), there is the anomalous principle that saving ‘another foetus’ is to be desired, as is the saving of the mother’s life. Yet the Bill is all about **not** saving the life of the foetus. Which is the greater good?
- There is no legal sanction imposed upon a doctor who performs an abortion after 22 weeks’ gestation, if the doctor does not gain the consent of another doctor.

- The clause allowing ‘conscientious objection’ is clearly drafted by a person who does not understand the term. To require a doctor to refer a patient to another practitioner who does not have conscientious objections to abortion, is itself a violation of a person’s conscience. Furthermore, to place sanctions upon such doctors with conscientious objections is an outrage that fails to recognise that many doctors have signed the Hippocratic Oath including: ‘I will maintain the utmost respect for human life from the time of conception.’
- There is no requirement for the report referred to in clause 11 to provide data on the number of abortions performed under this Bill. Current data available are merely estimations.
- There is a certain subterfuge in language throughout the Bill. This begins with the title, which proclaims it is about the care of the reproductive health of women, whereas the Bill is all about depriving women of their reproductive health.
- The word ‘mother’ is astutely avoided throughout the Bill, preferring the nondescript generic appellation of ‘person’, even though it is only a mother who can bear a child.
- Likewise the language of ‘termination of pregnancy’ distances the reader from considering the foetus (used only once in the Bill) as a distinct, living being.
- The use of the term ‘abortion’ is also avoided in the Bill, apart from its necessarily appearing in reference to the *Crimes Act 1900* and Common Law.
- Even the language of 22 weeks has its subtle overtones of being a short period of time, whereas 5½ months to the ordinary citizen is more easily understood as being well beyond the halfway point of gestation.
- There is no urgency for this Bill, as abortion is currently lawful in NSW, following the Levine ruling of the District Court in 1971, which has been judicially affirmed in NSW on a number of occasions. It is therefore misleading to suggest that the legality of abortion is a ‘grey area’ or that doctors or women seeking an abortion are ‘at risk’ of prosecution. The handful of successful prosecutions under the *Crimes Act 1900* were warranted, and do not provide any justification for a change in the law. This Bill, however, does more than merely codify the current practice, it opens the flood gates to abortion on demand, and most egregiously to late term abortion which the average citizen of NSW would consider to be unacceptable.

Thank you for taking the time to read my letter, which I trust will inform you of the gravity of the situation should this Bill be passed. I believe the defects in this Bill are so serious that they cannot be remedied by minor amendments. Good process requires consultation and reflection upon the text of any legislation, especially when the most vulnerable subjects have no voice.

With every good wish

Yours sincerely



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 The Most Rev Dr Glenn N Davies  
 Archbishop of Sydney and  
 President of the NSW Council of Churches